

Agent Order Form For ILTCIP Materials

Please make check payable to Department of Insurance (DOI)

Send the check and this completed form to:

**Indiana Department of Insurance
Indiana Long Term Care Insurance Program
311 W. Washington St., #300
Indianapolis, Indiana 46204
(317) 232-4391**

Please print legibly.

Name _____

Mailing Address _____

City, State, Zip _____

Daytime Phone _____

Please send me ____ of the ILTCIP Booklet at \$1.00 each, \$ Total _____
"What You Should Know About Long Term Care" is an easy-to-read
overview of ILTCIP and Long Term Care insurance. (5/09 edition)

Please send me ____ packs of the ILTCIP Brochure at \$7.50, \$ Total _____
(per pack of 50), "Your Peace of Mind," Provides an overview of the ILTCIP
in a tri-fold brochure format. (02/03 edition)

Please send me ____ copies of the Agent Manual at \$7.00 each \$ Total _____
Contains ILTCIP, as well as regular LTC, regulations. (10/09 edition)

Please send me ____ copies of the Partnership Guide for Agents \$ Total _____
at \$6.50 each. Comprehensive guide with marketing ideas and examples
to aid in being a successful agent partner. (11/06 edition)

Please send me ____ packs of the "Your Future's So Bright" brochure \$Total _____
at \$15.00 (per pack of 50). Bi-fold format geared to Baby-Boomers.
(09/03 edition)

Please send me ____ "Nursing Home Resident with a Spouse at Home" \$ Total _____
brochure (07/11) at .05 each – Explains the spousal impoverishment
protection law.

Grand Total \$ _____